### FORM D

SECURITIES AND EXCHANGE COMMISSION

UNITED STATES Washington, D.C. 20549

**Expires** March 31, 2009 Estimated average burden hours per response:

OMB Number:

16.00

OMB APPROVAL

3235-0076



FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Prefix		Serial					
145	DA	TE RECEIVE	D				
			}				

Name of Offering ( check if this is an amenda		icate change.)		
LSV: Non-US Equity LLC: Limited Liability	Company Units			
Filing Under (Check box(es) that apply):		Rule 506	Section 4(6)	DECOFail Processing
Type of Filing: ☐ New Filing ☑ Amend				Section
	A. BASIC IDENTIFICATI	ON DATA		
1. Enter the information requested about the iss	uer			HUUS E F MAM
Name of Issuer (☐ check if this is an amenda	nent and name has changed, and indi	icate change.)		Washington, DC
LSV: Non-US Equity LLC				**. * *
Address of Executive Offices (N	lumber and Street, City, State Zip Co	ode)	Telephone Numbe	er (including Area Code)
One New York Plaza, New York, New Yo	rk 10004	l.	(212) 902-100	00
	(Number and Street, City, State and	Zip Code)	Telephone Numbe	er (Including Area Code)
(if different from Executive Offices)				BBBBBBBB
Disco di CD			<del></del>	PROCESSED
Brief Description of Business				
To operate as a private investment fund.				MAR 27 2009
Type of Business Organization			·	PLANACAL BEITTEC
corporation	☐ limited partnership, already for	rmed	✓ other (please s	<b>HOMSON REUTERS</b>
☐ business trust	☐ limited partnership, to be form		Limited Liability	
	NA	V		· · · · · · · · · · · · · · · · · · ·
Actual or Estimated Date of Incorporation or Or	rganization: Month  0 7	Year  0 5	☑ Actual	☐ Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Se State: CN for Canada; FN for or			DE
	State, CIV for Canada, FIV for Of	mer referent juris	MINION J	

#### GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA		
2. Enter the information requested for the following:		
* Each promoter of the issuer, if the issuer has been organized within the past five years;		
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or of the issuer;	more (	of a class of equity securities
* Each executive officer and director of corporate issuers and of corporate general and managing partners	of pa	rtnership issuers; and
Each general and managing partner of partnership issuers.		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	Ø	General and/or Managing Partner
Full Name (Last name first, if individual)		
Goldman Sachs Asset Management, L.P. (the Issuer's Managing Member)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
One New York Plaza, New York, New York 10004		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director		General and/or Managing Partner
Full Name (Last name first, if individual)		
LSV: Non-US Equity Offshore L.P.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
One New York Plaza, New York, New York 10004  Check Box(es) that Apply:   Promoter  Beneficial Owner  Executive Officer*  Director		Consul and/on
* of the Issuer's Managing Member		General and/or Managing Partner
Full Name (Last name first, if individual)		
Barbetta, Jennifer		<del></del>
Business or Residence Address (Number and Street, City, State, Zip Code)		
One New York Plaza, New York, New York 10004		General and/or
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer* ☐ Director  * of the Issuer's Managing Member		Managing Partner
Full Name (Last name first, if individual)		
Clark, Kent		·
Business or Residence Address (Number and Street, City, State, Zip Code)		
One New York Plaza, New York, New York 10004		C1
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director  * of the Issuer's Managing Member		General and/or Managing Partner
Full Name (Last name first, if individual)		
Gottlieb, Jason		
Business or Residence Address (Number and Street, City, State, Zip Code)		
One New York Plaza, New York, New York 10004		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director		General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director		General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		

<del></del>				B. IN	FORMAT	ION ABO	UT OFFI	ERING				
<del></del>									<u> </u>		Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										Ø		
			A	nswer also	in Appendi	ix, Column	2, if filing ι	ınder ULOI	Ξ.			
2. What i	s the minim	um investm	ent that wil	l be accepte	ed from any	individual?					\$	*
*The Issu	ier's Mana	ging Mem	ber may in	its sole d	iscretion a	ccept subs	cription an	nounts in v	vhatever a	mount it	•	
detern	nines is acc	eptable.										
											Yes	No
	he offering										Ø	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any										ctly, any		
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state										th a state		
or state	es, list the n	ame of the	broker or de	ealer. If mo	ore than five	e (5) person	s to be liste	d are associ	ated person	s of such		
	er or dealer,			nformation	for that bro	ker or deale	er only.					<del></del>
Full Name	(Last name	first, if ind	lividual)									
Goldman,	Sachs & C	o.*										
						_					. f !! . ! e	
	h the securi r in any juri		sold throu	gh Goldma	n, Sachs &	Co., no coi	mmissions	will be paid	i, airectly o	r mairecuy	, for somen	ing any
	or Residence		Number and	Street, City	y, State, Zip	Code)						
OF Duned	Stuast Nov	. Vorte No	w Vorte 10	004								
	Street, New Associated B											<del></del>
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	(NH)	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	lividual)		<del></del>	-						
Rusiness	or Residence	· Address ()	Number and	Street City	v State Zin	Code)	·~-					<del></del>
Dusiness	or residence	. rtddress (i		Bucci, Ok	,, blate, 231p	, (000)						
Name of A	Associated B	roker or De	ealer									
States in V	Which Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	ırchasers				·		
	All States" o						,,,,,				🗆 Al	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	e (Last name	tirst, ii ind	iividuai)									
	D 21	<u> </u>	NT of second	China City	. Ct-t- 7i-	Codo						
Business	or Residence	Address (	Number and	Street, City	y, State, Zip	(Code)						
) i			,	. <u></u>					,-			
Name of A	Associated E	roker or De	eater									
<u> </u>	Which Perso		o Callair.	ou let a	a Callais D	roheas						
	Which Perso All States" (											All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	(ID)
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rrn	(SC)	(SD)	[TN]	(TX1	(TUT	(VT)	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ι.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$_	0	\$	0
	Equity	\$	0	\$	0
	☐ Common ☐ Preferred	_			
	Convertible Securities (including warrants)	\$_	0	\$	0
	Partnership Interests	\$_	0	\$	0
	Other (Specify): Limited Liability Company Units	\$	1,617,788,919	\$	1,617,788,919
	Total	\$	1,617,788,919		
	Answer also in Appendix, Column 3, if filing under ULOE.	_		•	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	_	487	\$	1,617,788,919
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)	_	N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
	Type of offering		Type of Security		Dollar Amount Sold
	Rule 505		N/A	\$	N/A
	Regulation A		N/A	\$	N/A
	Rule 504		N/A	\$	N/A
	Total		N/A	\$	N/A
th th	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.	_		<del>-</del>	
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees		ゼ	\$	98,708
	Accounting Fees			\$	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify)			\$	0
	Total		$oldsymbol{ol}}}}}}}}}}}}}}}}}}}}}}}$	\$_	98,708
				-	

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXP	ENS	SES /	AND USE OF P	ROCE	EDS	3	
	<ul> <li>b. Enter the difference between the aggregate of</li> <li>- Question 1 and total expenses furnished in res</li> <li>difference is the "adjusted gross proceeds to the is</li> </ul>	ffering price given in response to esponse to Part C - Question 4.a.	Part ( a. Thi	C nis		<b>s</b> _		1,617,690,211	
5.	Indicate below the amount of the adjusted gross per to be used for each of the purposes shown. If the furnish an estimate and check the box to the I payments listed must equal the adjusted gross proto Part C - Question 4.b. above.	e amount for any purpose is not k left of the estimate. The total	known of th	'n, he					
					Payments to Officers, Directors, & Affiliates			Payments To Others	
	Salaries and Fees			\$_	0	_ □	\$.	0	
	Purchase of real estate			\$_	0		\$.	0	
	Purchase, rental or leasing and installation of mach	hinery and equipment		\$_	0		\$.	0	
	Construction or leasing of plant buildings and faci	ilities		\$_	0	_ 🗆	\$.	0	
	Acquisition of other businesses (including the va this offering that may be used in exchange for another issuer pursuant to a merger)	r the assets or securities of	0	\$	0		\$	0	
	Repayment of indebtedness		_	\$	0		<b>s</b>	0	
	Working capital			* - \$	<del> </del>		\$ \$	0	
	Other (Specify): Limited Liability Company Un			\$ \$	· · · · · · · · · · · · · · · · · · ·	- <u>□</u>	\$ -	1,617,690,211	
	Column Totals			\$ _ \$	0	_ <u>_</u>	· -	1,617,690,211	
			_	~ —	·		-	********	
_	Total Payments Listed (column totals added)				☑ \$	1,617,6	1,617,690,211		
_		D. FEDERAL SIGNATUR	Æ						
fo	The issuer has duly caused this notice to be signed ollowing signature constitutes an undertaking by the fits staff, the information furnished by the issuer to	e issuer to furnish to the U.S. See	ecuriti	ies and	nd Exchange Comr	mission,	upon		
	uer (Print or Type)	Signature			Date				
یs۱	V: Non-US Equity LLC	Caroline	.—	1	March 1 2009				
	me of Signer (Print or Type) roline Kraus	Title of Signer (Print or Type) Assistant Secretary of the Issue	ier's l	Mans	iging Member				
	·	1							

## **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).